

LINDA LINGLE  
GOVERNOR OF HAWAII



**STATE OF HAWAII**  
**DEPARTMENT OF LAND AND NATURAL RESOURCES**

STATE HISTORIC PRESERVATION DIVISION  
601 KAMOKILA BOULEVARD, ROOM 555  
KAPOLEI, HAWAII 96707

**ROBERT K. MASUDA**  
DEPUTY DIRECTOR - LAND  
  
**DEAN NAKANO**  
ACTING DEPUTY DIRECTOR - WATER

AQUATIC RESOURCES  
BOATING AND OCEAN RECREATION  
BUREAU OF CONVEYANCES  
COMMISSION ON WATER RESOURCE MANAGEMENT  
CONSERVATION AND COASTAL LANDS  
CONSERVATION AND RESOURCES ENFORCEMENT  
ENGINEERING  
FORESTRY AND WILDLIFE  
HISTORIC PRESERVATION  
KAHOOLAWE ISLAND RESERVE COMMISSION  
LAND  
STATE PARKS

## Descendancy Claim Application

(Please fill in all blanks to the fullest extent possible)

### I. Applicant Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (cell): \_\_\_\_\_

Fax: \_\_\_\_\_ Other: \_\_\_\_\_

Type of descendancy applying for: \_\_\_\_\_ Lineal \_\_\_\_\_ Cultural

Please check which documents you are providing to verify claim:

\_\_\_\_ Birth Certificate      \_\_\_\_ Death Certificate      \_\_\_\_ Marriage Certificate  
\_\_\_\_ Census Records      \_\_\_\_ Tax Records      \_\_\_\_ Land Conveyance Documents  
\_\_\_\_ Oral family history (Written or Recorded)      \_\_\_\_ Other: \_\_\_\_\_

### II. Project Information

Project Name: \_\_\_\_\_

Landowner: \_\_\_\_\_

TMK(s): \_\_\_\_\_

‘Ili/Mo‘o: \_\_\_\_\_ Ahupua‘a: \_\_\_\_\_

District: \_\_\_\_\_ Island: \_\_\_\_\_

### III. Burial Information

Name(s) and death date(s) of buried individual(s):

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Burial description(s) if known:

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Relationship of applicant to deceased:

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### IV. Confidentiality Statement:

(Please sign only one of the two choices offered)

- A. I request that the burial and genealogical information given above be restricted from public access [pursuant to HRS Chapter 6E-43.5(e)].

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- B. I do not object to the burial and genealogical information given above being made available for public access.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Office Use Only

Date Application Received: \_\_\_\_\_ BSP Case Number: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Recommendation: \_\_\_\_\_

Comments: \_\_\_\_\_

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Date Documents Returned to Applicant: \_\_\_\_\_